

Mr. Courtney Boyd #208921 6-P-26
Easterling Corr.Fac.
200 Wallace Dr.
Clio, Ala, 36017

May 4, 2006.

Exhibit  *A*

Prison Health Service (PHS)
Suite 200 105 West Park Drive
Brentwood, TN
37027

ReIn: Complaint

Dear Ladys and Gentlemen,

Greeting, I am writing to you today, because I am having problems with your employee at Easterling Corr.Fac. I have lower back problems, because I was pull from a top bunk onto the floor, by CPProtection Officer. This happen on 6-30-03, and I am still having lower back pain. Well I talked with Dr.Darbouze about me been sent to a free word doctor, so that I can find out what is wrong with my back. I told Dr.Darbouze that my legs, Hands, Feets, Penis, has being going out on him, because of my back problems. Well all Dr.Darbouze will do is order me some ex-ray after I told him that I had already had some done. Dr.Darbouze will only talk with me, he does not examining my back what so ever. Dr.Darbouze will not given me my two tray profile, because he said that he do not write them. Even though I told him that I had it at Bibb Co.Corr.Fac.

I filed a complaint and Ms.Wilson said that they will not given me my two tray profile, and that it would have to be up to Dr.Darbouze to send me to a free word doctor about my back. However the Federal Court have told me that I must get the prison health service to send me to a free world doctor, because by back. Dr.Darbouze and Wilson know this but still will not help me out.

My Mother and Father, had both said that it would be best for me to write you, to inform you of what they are doing to me. Both Mother and Father are ready to file lawsuit against you, because Dr.Darbouze and Wilson are playing with my life. However we are giving you a chance to fix this problems, by telling Dr.Darbouze to give me my two tray profile back to me for six months, and order me a free world doctor appointment, about by back, aen to find out why it is having my Legs, Hands, Feets, Arms, and Penis, to all go out at time.

My Mother and Father said to give you (10) Ten Working days to answer this complaint out they will file a lawsuit against you! Again Thank You For Your Time On This Matter!

Sincerely



Courtney Boyd

Easterling Corr.Fac.

200 Wallace Dr.

Clio, Ala, 36017

Exhibit A

5/4/06

Mr. Boyd,

You had an x-ray of your lower back on 4/21/06 and it was normal. You have profiles for a bottom bunk and a back brace, for six months. Dr. Darbouze did not find it medically necessary for you to have a no prolonged standing profile, when you were seen on 4/27/06.

K. Wilson, RN/HSA.

I am not sure what you mean in this letter when you say, "two try profile." K. Wilson, RN/HSA

Exh. 6.4 A

Prison Health Services, Inc.

FILED

2006 May-26 AM 10:31
U.S. DISTRICT COURT
N.D. OF ALABAMA

Inmate Grievance

Return

Courtney Boyd
NAME207921
AIS #6-B-78
UNIT5-10-06
DATE

PART A—Inmate Grievance

I received your letter on 5-4-06. However I am still having problem with my leg, and I get my two long standing problems. Also I had my two long problems, because I can't stand I lose my weight quickly. I will like to see the doctor, because I want to see a new doctor about my back so therefore I will like to talk with you about that matter.

I also have been having problem with your employee, that I need to talk to you about.

INMATE SIGNATURE

PART B—RESPONSE

DATE RECEIVED 5-12-06

Mr. Boyd, as I explained when we talked today, 5/16/06, Dr. DeBourge is not going to write for two long profile. It is not medically necessary. When you saw him on 4/27/06, your weight was 168#. Today your weight was 174#. He did not find it medically indicated for you to be given a no prolonged standing profile at your visit on 4/27/06. If you are having further problems, you will need to follow the procedure to access healthcare to be seen and evaluated.

K. Wilson, RN/HSN
P.H.S. Department Head Signature

5-16-06
DATE

If you wish to appeal this review you may request a Grievance Appeal form from the Health Services Administrator. Return the completed form to the attention of the; Health Service Administrator. You may place the form in the sick call request box or give it to the segregation sick call nurse on rounds.

H.S.A Selection:		Y	N		Y	N
I	Dissatisfied with Quality of Medical Care	<input checked="" type="checkbox"/>	<input type="checkbox"/>	VI	Delay in Health Care Provided	<input type="checkbox"/>
II	Dissatisfied with Quality of Dental Care	<input type="checkbox"/>	<input type="checkbox"/>	VII	Problems with Medication	<input type="checkbox"/>
III	Dissatisfied with Quality of Mental Health Care	<input type="checkbox"/>	<input type="checkbox"/>	VIII	Request to be seen	<input checked="" type="checkbox"/>
IV	Dissatisfied with Response to Non-Medical Request	<input type="checkbox"/>	<input type="checkbox"/>	IX	Request for Off-site Specialty Care	<input type="checkbox"/>
V	Conduct of Healthcare Staff	<input checked="" type="checkbox"/>	<input type="checkbox"/>	X	Other	<input type="checkbox"/>

Committee Review of Data Collection

11/03 - Alabama
Revised 5/16/05

Lith 2.8 B

MAY 12 2006



PRISON HEALTH SERVICES, INC. SICK CALL REQUEST

Print Name: Courtesy Bush Date of Request: 5-28-06
 ID # 208920 Date of Birth: [REDACTED] Location: 6-B-20
 Nature of problem or request: I need to see the doctor, to get my no
long standing problem, and because my arms, leg, feet, penis
is all gone out.

Courtesy Bush
Signature

DO NOT WRITE BELOW THIS LINE

Date: 5/28/06
 Time: 1:30 AM PM
 Allergies:

<p>RECEIVED</p> <p>Date: _____</p> <p>Time: _____</p> <p>Receiving Nurse Initials _____</p>

(S)ubjective:

(O)bjective (V/S): T: _____ P: _____ R: _____ BP: _____ WT: _____

(A)ssessment:

(P)lan:

*copy given
SBush
5/28/06
1:30 pm*

Refer to: MD/PA Mental Health Dental Daily Treatment Return to Clinic PRN
 CIRCLE ONE

Check One: ROUTINE () EMERGENCY ()

If Emergency was PHS supervisor notified: Yes () No ()

Was MD/PA on call notified: Yes () No ()

SIGNATURE AND TITLE

WHITE: INMATES MEDICAL FILE

YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT



Nursing Evaluation Tool:

General Sick Call

Facility: Alabama Department of Corrections

Patient Name: Boyd CourtneyInmate Number: 208921

Last

Date of Birth: [REDACTED]

First

MM

DD

YYYY

Date of Report: 5 / 28 / 06

MM

DD

YYYY

Time Seen: 1:30

AM

PM

Circle One

Subjective: Chief Complaint(s):

"I need to get my profile renewed"

Onset:

Brief History:

(Continue on back if necessary)

H/o lower back pain

Check Here if additional notes on back

Objective:

Vital Signs: (As Indicated)

T: 99.1P: 68RR: 16B/P: 120 / 70wt. 179

Examination Findings:

(Continue on back if necessary)

Blm Amb to Hx - Steady gait
A+Ox3 Resp & pulseRequest to see CMD for profile
for "No prolonged standing" NO visible distress noted.

Check Here if additional notes on back

Assessment: (Referral Status)

Preliminary Determination(s):

☐ Referral NOT REQUIRED☒ Referral REQUIRED due to the following: (Check all that apply)☒ Recurrent Complaint (More than 2 visits for the same complaint)☐ Other:

Comment: You should contact a physician and/or a nursing supervisor if you have any concerns about the status of the patient or are unsure of the appropriate care to be given.

Plan: Check All That Apply:

☒ Instructions to return if condition worsens.☐ Education: The patient demonstrates an understanding of the nature of their medical condition and instructions regarding what they should do as well as appropriate follow-up. ☐ YES ☐ NO (If NO then schedule patient for appropriate follow-up visits)☐ Other:

(Describe)

OTC Medications given ☒ NO ☐ YES (If Yes List):Referral: ☐ NO ☒ YES (If Yes, Whom/Where): MD - 6/2/06Date for referral: 5 / 28 / 06

MM

DD

YYYY

Referral Type: ☒ Routine ☐ Urgent ☐ Emergent (if emergent who was contacted?):

Time

x SBushupn

Nurses Signature

Name:

SBush LPN

Printed



PHYSICIANS' ORDERS

NAME:

Boyd Courtney

DIAGNOSIS (If Chg'd) LBP

D.O.B. [REDACTED]

ALLERGIES: NKDA

Noted
Shocking
6/2/06
10:45

Penicillin if P. TID for x 14 days

Use Last

Date 6/2/06

☐ GENERIC SUBSTITUTION IS NOT PERMITTED

NAME:

Boyd Courtney
208921

DIAGNOSIS (If Chg'd)

D.O.B. [REDACTED]

ALLERGIES: NKDA

Noted
4/2/06
10:45

DC Bottom back
DC Back Brace

Use Fourth

Date / /

☐ GENERIC SUBSTITUTION IS NOT PERMITTED

NAME:

Boyd Courtney

DIAGNOSIS (If Chg'd) LBP

D.O.B. [REDACTED]

ALLERGIES: NKDA

208921
Noted
4/2/06
10:45

2-sole 1 pain to keep x 6 months

Use Third

Date 4/21/06

☐ GENERIC SUBSTITUTION IS NOT PERMITTED

NAME:

Boyd Courtney
208921

DIAGNOSIS (If Chg'd) LBP

D.O.B. [REDACTED]

ALLERGIES: NKA

XRay of C (and lower) spine
Keep lower back brace x 6 months
Bottom back brace x 6 months
Penicillin if P. TID for x 30 days

Use Second

Date 4/21/06

☐ GENERIC SUBSTITUTION IS NOT PERMITTED

NAME:

Boyd Courtney
208921

DIAGNOSIS LBP.

D.O.B. [REDACTED]

ALLERGIES: NKDA

Noted
SB
3/30/06

XRay of spine
Penicillin if P. TID for x 14 days
Brace for L spine x 14 days - done up
Bottom back brace x 14 days done up

Use

Date 3/30/06

☐ GENERIC SUBSTITUTION IS NOT PERMITTED

MEDICAL RECORDS COPY

Exhibit D

COPY
Prison Health Services, Inc.

Inmate Grievance Appeal

Courtney Boyd 208921 C-14 8/20/07
NAME AIS # UNIT DATE

PART A - INMATE Grievance Appeal for the following reason:

I have been charged over \$200.00 for the same medical problem, which is not true. I have been given a 100-day back injury. I know, you said that Doc must remove my hold off my account, but Doc said I must do it, because I can't be charged for the same thing two times. And that is what my bill are for my back injury which happen June 10 2006 Also what have Dr. McChesney said about me, because I'm on a TOP 100, and I have fell down two time, so I need my bottom bed and back brace. I will be able to tell you more, when you talk with me! Thank you, and please don't take this.

Courtney Boyd
INMATE SIGNATURE

Return this form to Health Services Administrator by dropping in the sick call box or giving to the segregation sick call nurse on rounds.

PART B - RESPONSE

DATE RECEIVED 8-20-07

As per our conversation, I have explained the APC co-pay policy in detail to you. Before you sign up for medical services, you are charged a co-pay by the department & corrected. Due to your complex medical history I am recommending that we do a medical review for you. I will let you know the time and date. We will meet with you, APC and PHS and we will discuss all your medical concerns. Let me know if you have any further problems. Thank you,

Courtney Boyd
Inmate Signature

8-27-07
Date

Colin S. ...
Health Services Department Head

8-27-07
Date

H.S.A. Selection:

	Y	N		Y	N
I Dissatisfied with Quality of Medical Care	<input type="checkbox"/>	<input type="checkbox"/>	VI Delay in Health Care Provided	<input type="checkbox"/>	<input type="checkbox"/>
II Dissatisfied with Quality of Dental Care	<input type="checkbox"/>	<input type="checkbox"/>	VII Problems with Medication	<input type="checkbox"/>	<input type="checkbox"/>
III Dissatisfied with Quality of Mental Health Care	<input type="checkbox"/>	<input type="checkbox"/>	VIII Request to be seen	<input type="checkbox"/>	<input type="checkbox"/>
IV Dissatisfied with Response to Non-Medical Request	<input type="checkbox"/>	<input type="checkbox"/>	IX Request for Off-site Specialty Care	<input type="checkbox"/>	<input type="checkbox"/>
V Conduct of Healthcare Staff	<input type="checkbox"/>	<input type="checkbox"/>	X Other	<input type="checkbox"/>	<input type="checkbox"/>

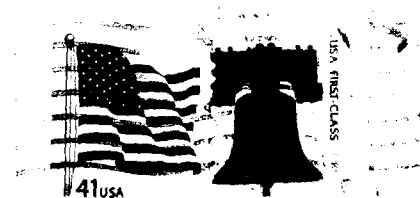
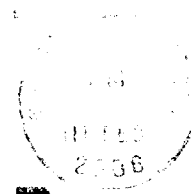
Committee Review of Data Collection

11/03 - Alabama
Revised 5/16/05

For info

AUG 20 2007

NAME Courtney L. B. C. AIS # 208921 DORM # B-1-15
VENTRESS CORRECTIONAL FACILITY
P. O. BOX 767
Clayton, AL 36016



"This correspondence is forwarded from an Alabama State Prison. The contents have not been evaluated, and the Alabama Department of Corrections is not responsible for the substance or content of the enclosed communication."

United States ~~MIDDLE~~ DISTRICT
P.O. BOX 711
Montgomery, AL
36101